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Bib Data Sheet

CONFIRMATION NO. 3056

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|-----------------------------|--|--------------|------------------------|------------------------|
| SERIAL NUMBER<br>09/945,038 | FILING OR 371(c)<br>DATE<br>08/31/2001<br>RULE | CLASS<br>705 | GROUP ART UNIT<br>3626 | ATTORNEY<br>DOCKET NO. |
|-----------------------------|--|--------------|------------------------|------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 10/04/2001

|                                 |   |                        |                         |                       |                            |
|---------------------------------|---|------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>IL | SHEETS<br>DRAWING<br>15 | TOTAL<br>CLAIMS<br>12 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                         |                       |                            |

**ADDRESS**

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**TITLE**

Method and system for consumer healthcare decisionmaking

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>355 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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